



# South Dakota Mentoring Assessment Form

South Dakota Department of Human Services,  
Division of Rehabilitation Services

Applicant: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_ Method of evaluation: One to one: ☐ Use of videotape: ☐

Currently attending an IT training program? Yes ☐ No ☐

If yes please specify: \_\_\_\_\_

Interpreting experience: \_\_\_\_\_

## Interpreting and Language Skills Competencies – To be filled out by Mentee

Give yourself a rating in the following areas using a scale of 1-10 with 10 representing excellent skills. Please explain the rating you give.

Vocabulary Competency		
Expressive Fingerspelling		
Receptive Fingerspelling		
Expressive Markers		
Knowledge of Deaf Culture		
ASL-ENG Interpretation Skills		
ENG-ASL Interpretation Skills		

Additional Mentee Comments (if needed): \_\_\_\_\_

## Interpreting and Language Skills Competencies – To be filled out by Mentor

Give applicant a rating in the following areas using a scale of 1-10 with 10 representing excellent skills. Please explain the rating you give.

Vocabulary Competency		
Expressive Fingerspelling		
Receptive Fingerspelling		
Expressive Markers		
Knowledge of Deaf Culture		
ASL-ENG Interpretation Skills		
ENG-ASL Interpretation Skills		

Additional Mentor Comments (if needed): \_\_\_\_\_

**Goal Agreement**

Each training session must be geared to and implemented to assure the below identified skills training needs will be provided. The reports of the training session must indicate that the training was provided accordingly and what methods were used. Mentee should note which areas they want assistance with from mentor.

<b>Goal - areas to improve on</b>	<b>Activity ideas to help accomplish goal</b>
	1. 2. 3.
	1. 2. 3.
	1. 2. 3.
	1. 2. 3.

**Attendance Agreement**

I will attend mentoring appointments as scheduled for \_\_\_\_ hours every month as approved by DHS staff. If I'm not able to commit to the set hours every month, I must contact DHS staff with the reason. Irregular attendance or minimal mentoring hours may result in a revoked mentoring service.

I acknowledge that I was informed of the results of my assessment. If eligible and accepted as a mentee I agree with the skills training plan of which I was a developing participant.

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Mentee's Signature

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Date

I acknowledge that I will do my best to assist my mentee with increasing their ASL skills by meeting as agreed upon above to assist with accomplishing the set goals agreed upon.

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Mentor's Signature

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Date